

2001 UNIFORM BUSINESS REPORT (UBR)

0000017 AF

DOCUMENT # **A28863**

1. Entity Name

ABE GROUP ENTERPRISES LIMITED PARTNERSHIP

FILED *W 1/21*
01 JAN 19 AM 9:53
 SECRETARY OF STATE
 TALLAHASSEE-FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
% PAUL GNATT, CPA
7101 WISCONSIN AVENUE #1012
BETHESDA MD 20814

Mailing Address
3440 HOLLYWOOD BLVD., STE. 450
HOLLYWOOD FL 33021

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **52-1666119**

Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAND, LEONARD ESQ.
3440 HOLLYWOOD BLVD., SUITE 450
HOLLYWOOD FL 33021

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$270,000.00 30.00**

10. Amount of Capital Contributions in FLORIDA to date. **30.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #	P98000028694
NAME	ABE GROUP ENTERPRISES, INC.
STREET ADDRESS	3440 HOLLYWOOD BLVD., #450
CITY-ST-ZIP	HOLLYWOOD FL 33021
DOCUMENT #	
NAME	
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CR2E003 (11/00)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Abe Group Enterprises, Inc
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Leonard Grand, President

1/8/01
 Date

(904) 989-2889
 Daytime Phone #